

NCAP 2023 EIP Audit:

Overview of questions used for the Scoring Matrix

This document contains an overview of the scoring matrix items and the corresponding audit questions that are used to calculate the scores.

For the NCAP 2023 EIP audit, it was agreed that a reduced, bespoke dataset would be collected which focusses predominantly on the questions used to calculate the scores associated with the scoring matrix. This was to ensure that NHS England and Improvement continued to have data to evidence performance against the NHS Long Term Plan (LTP) for 2023.

#	Scoring matrix definition	Questions required to calculate score
1	Percentage of service users with first episode psychosis that were allocated to, and engaged with, an EIP care coordinator within 2 weeks of receipt of referral.	Data pulled from the MHSDS.
2.1	Percentage of service users with first episode psychosis that took up Cognitive Behavioural Therapy for psychosis (CBTp).	Has this person commenced a course* of Cognitive Behavioural Therapy for Psychosis (CBTp) delivered by a person with relevant skills, experience and competencies? *Received at least one session of a course.
		 Took up* Refused Not offered Waiting





#	Scoring matrix definition	Questions required to calculate score
2.2	Percentage of service users with first episode psychosis that took up supported employment and education programmes.	Was this person in work, education or training at the time of their initial assessment? • Yes • No Has this person commenced a course* of Supported employment programme (such as Individual Placement and Support (IPS) or education programmes) delivered by a person with relevant skills, experience and competencies? *Received at least one session of a course. • Took up • Refused • Not offered • Waiting
2.3	Percentage of service users with first episode psychosis and their families that took up Family Interventions. ¹	 Does this person have an identified family member, friend or carer who supports them? Yes Yes, but the patient does not wish for this person to be contacted/it's not felt to be in the patient's best interest for them to be involved in their care No

¹ In 2023, only the population of people who have an identified family member, friend or carer that can be contacted/is involved in the person's care will be used to calculate the Family Intervention item. Previous years have looked at the whole population of service users, regardless of whether they had an identified family member, friend, or carer, therefore results are not directly comparable.





#	Scoring matrix definition	Questions required to calculate score
		Has this person commenced a course* of Family Intervention delivered by a person with relevant skills, experience and competencies?
		*Received at least one session of a course.
		 Took up*
		 Refused
		Not offered
		Waiting
	Percentage of carers that took up carer-focussed education and support programmes.	Does this person have an identified family member, friend or carer who supports them?
2.4		 Yes Yes, but the patient does not wish for this person to be contacted/it's not felt to be in the patient's best interest for them to be involved in their care No Has this person's carer(s) commenced a course of a carer-focused education and support programme?
		YesNo
	Percentage of service users with	Smoking status
		Interventions for smoking cessation
		Alcohol consumption screening
	first episode psychosis that have	Interventions for harmful alcohol use
2.5	had a physical health review and relevant interventions in the last	Substance misuse screening
		Interventions for substance misuse
	year.	BMI/Weight screening Interventions for weight gain/obesity
		Blood pressure screening
		Diood pressure screening





#	Scoring matrix definition	Questions required to calculate score
		Interventions for hypertension
		Glucose screening
		Interventions for glucose
		Cholesterol screening
		Interventions for dyslipidaemia
3	Percentage of service users for whom two or more outcome measures (from HoNOS/HoNOSCA, DIALOG and QPR) were recorded at least twice (assessment and one other time point).	Have the following outcome measures (HONOS/HONOSCa/DIALOG/QPR) been completed for this person? • Never • Once • More than once • N/A

Information for the sub-matrix is based on contextual questions which are completed at a team level.

#	Scoring sub-matrix definition	Questions required to calculate score
4.1	Team provides service to over 35s.	 What EI service is provided for these age ranges (18-35/36 years and over)? Stand-alone multidisciplinary EIP team Hub and spoke model EI function integrated into a community mental health team No EI service
4.2	Team provides Cognitive Behavioural Therapy (CBT) for At-Risk Mental State to service users with At Risk Mental State.	Is this service able to provide Cognitive Behavioural Therapy (CBT) for At-Risk Mental State (ARMS) for the following ages (Under 18s/18-35/36 and over)? • Within the team • Elsewhere (e.g. referral to IAPT) • Separate team providing ARMS assessment and intervention • Not at all





		 Please select one option that best describes the main model of provision for children and young people (CYP) with first episode psychosis (under 18) in your locality Specialist CYP EIP practitioners (i.e. with specific EI training, support and supervision) embedded within CYP mental health services (e.g. hub and spoke model) Specialist CYP EIP team Adult and young people's EIP service with staff that have expertise in CYP mental health (e.g. joint appointment or specific training and experience supported by ongoing CYPMH supervision)
5	Provision of EIP services with CYP expertise to under 18s. ²	 Adult EIP service with joint protocols (i.e. for case consultation, supervision, training and joint/second opinion assessments) with CYP mental health services Other – please specify No EIP team CYP provision for under 18 years Is there a shared protocol between the EIP team and the CYPMH service?
		YesNo
		Are joint or reciprocal training events arranged at least annually between the CYPMH and EIP teams?
		• Yes
		• No
		How is medication managed for CYP?
		 CYP team prescribers with specific EI training and experience prescribe for CYP CYP team prescribers advise and support EIP team prescribing for CYP

² The final 3 questions listed under Item 5 are newly added in 2023. This means results are not directly comparable with previous years.





- CYP team prescribers do not have specific EI prescribing training and experience and do not have a protocol or routine access to specialist EI prescribing advice
- EIP team prescribers with specific CYP training and experience prescribe for CYP
- EIP team prescribers advise and support CYPMH team prescribing for CYP
- EIP team prescribers do not have specific CYP prescribing training and experience and do not have a protocol or routine access to specialist CYP prescribing advice

Are the following provisions (CBTp/Family Intervention) from appropriately trained practitioners available for CYP, aged 14-17 years, with early onset psychosis and who provides it?

- Provided by CYPMHS
- Provided by EIP
- Provided by CMHT
- Provided by Other
- No CYP provision

Are there care coordinators specifically for CYP under 18?

- Yes, within EIP team
- Yes, within CYPMH team
- No

Are there staff trained who can identify and support differential diagnosis and potential co-morbidities including neurodevelopmental disorders when working with young people with first episode of psychosis?

- Yes
- No

Are all staff working with young people with first episode psychosis are trained in child safeguarding procedures/guidance?





	YesNo
	Are staff are competent in enabling coproduction of an educational support plan that supports re/integration and/or access to education to enable all young people with first episode psychosis to access and participate in education and/or training activities?
	YesNo